

Revision: HCFA-PM-95-4  
JUNE 1995

(HSQB)

ATTACHMENT 4.35-H

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: **MAINE**

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

**The State does not use any additional remedies.**

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TN No. **95-015**

Supersedes

Approval Date: 1/31/96

Effective Date: **10/1/95**

TN No. **90-06**